

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	11/15/95
O.I.P.E. CLASSIFIER	R	71531	11/15/95
FORMALITY REVIEW			12-3-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	11/17/92
2	11/17/92
3	11/17/92
4	11/17/92
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Claim	Date
Final	
Original	11/17/92
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99	11/17/92
100	11/17/92

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
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